



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

CONTRACT AMENDMENT

APPLICATION AND PROGRAM GUIDANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
Division of Applications and Awards
5600 Fishers Lane, Room 8-37
Rockville, Maryland 20857

Have Questions? CallCenter@hrsa.gov or 1-800-221-9393 (TTY: 1-877-897-9910)
Monday through Friday (except Federal holidays) 9 a.m. to 5:30 p.m. ET.

Authority: Section 338B of the Public Health Service Act, as amended (42 USC 254I-1), Section 331(i) of the PHS Act, as amended (42 USC 254d)



PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority and Program Administration

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended.

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to attract and retain medical, dental, and mental health clinicians in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank queries).

A participant's contract, application, supporting documentation, related correspondence and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the General Accounting Office, and pursuant to court order and various routine uses (see <http://www.hrsa.gov/privacyact/sorn/09150037.htm>).

The name of an NHSC LRP participant, discipline, specialty, business address and telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section I of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0217. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.



National Health Service Corps Loan Repayment Program

Dear National Health Service Corps Loan Repayment Participant:

Thank you for your continued dedication to improving the health of the Nation's underserved. Your service through the National Health Service Corps (NHSC) has made access to quality healthcare a reality for the most vulnerable members of your community.

Our records indicate that you will be completing your current NHSC Loan Repayment Program (LRP) service commitment, between October 1, 2009 and September 30, 2010 (Fiscal Year 2010). Based on our records, you may have outstanding loan balances, that may qualify you to receive additional funding to help pay down your debt.

If you are planning to remain at your current practice site, you may be eligible to amend your current NHSC contract. By agreeing to extend your NHSC service commitment for one (1) year, the NHSC will provide you with additional funds to pay towards your qualifying educational loan balance(s). As with your initial application, approval is based on Program eligibility and available funding. Please review the "Benefits" section on the next page for a table of potential award amounts.

The deadline for submitting the Amendment Application and supporting documents is 120 days (4 months) prior to your current contract end date. If the application is not postmarked, or received on or prior to the 120 day benchmark, your application may be denied. Your approximate end date is noted on your original award notification letter; however, please contact the Division of Scholar and Clinician Support (DSCS) analyst for your State to verify your end-date. Your date may have changed based on the amount of time you have spent away from your site during contracted service period. A list of DSCS analysts and the States they represent can be accessed, at www.nhsc.hrsa.gov.

To access and download the NHSC LRP Amendment Application instructions and required forms, please go to <http://www.nhsc.hrsa.gov/loanrepayment/pdf/nhscallforms.pdf>.

Again, thank you for your service to the Nation's underserved communities. If you have any questions, please contact the NHSC Loan Repayment Branch at 1-800-221-9393, or send a message to, nhscrlrp@hrsa.gov. Our normal office hours are Monday – Friday, 8:30 a.m. to 5:00 p.m. ET.

Loan Repayment Branch
National Health Service Corps
Division of Applications and Awards

Enclosures
(Rev. 05/2010)



National Health Service Corps Loan Repayment Program

CONTRACT AMENDMENT OVERVIEW

When can I apply for an NHSC LRP contract amendment?

Application Period

Your National Health Service Corps (NHSC) Loan Repayment Program (LRP) contract amendment application must be postmarked no later than 120 days (4 months) prior to the end of your current service commitment. If you do not submit your application at least 120 days before the end of your current service commitment, based on the end date currently reflected in our records, the NHSC program cannot guarantee your application will be processed and may result in your application being denied. If you are unsure of your NHSC service end-date is, please contact the analyst for the state in which you practice. A list of analysts and the states they represent maybe accessed on the NHSC Website at <http://nhsc.hrsa.gov/loanrepayment/pdf/nhscallforms.pdf>.

What are the benefits of extending my NHSC LRP service?

Service

By joining the thousands of NHSC Clinicians across the country, you took advantage of an opportunity to provide primary health care services to the Nation's communities with the most critical needs. By continuing to provide as a participant with the NHSC, you continue to grow the Nation's core of primary health care providers who are rewarded through the response received from the most deserving populations nationwide.

Loan Repayment

The NHSC LRP will provide funds to qualifying amendment contract participants to repay their outstanding, qualifying educational loans. Payments are made via lump-sum, electronic disbursement approximately 90 days after the new contract amendment start-date. Applicants should contact their lenders regarding prepayment options. Some lenders will accept the advanced payment, but expect the participant to continue to make monthly payments. The NHSC LRP makes no assurances that your lending institutions will provide this or any other special payment option. In addition, the award funds are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act.

Award amounts for NHSC LRP amendment contracts of service are as follows:

- For a 3rd year of assistance, participants will receive up to \$35,000
- For a 4th year of assistance, participants will receive up to \$35,000
- For a 5th year of assistance, participants will receive up to \$25,000
- For a 6th year of assistance, participants will receive up to \$20,000
- For years 7 and beyond, participants will receive up to \$15,000

NHSC LRP contract amendment awardees receive award funds applicable to the year of assistance set forth above, or the outstanding amount of all qualifying educational loans, whichever is less.



Use of NHSC Funds

All loan repayments award funds received **must** be used by the participant to repay balances for the qualifying educational loans as listed on the Payment Authorization Worksheet (PAW), prior to the completion of the contract's relative service obligation. NHSC LRP funds received by a participant may not be used to pay taxes or other debts. Submission of a payment history is required at the time application is made for an additional contract amendment. The payment history should be mailed to the NHSC LRP, at 5600 Fishers Lane, Room 8-37, in Rockville, MD 20857.

Note: Benefits and eligibility requirements for NHSC LRP contract amendments may change in future years. There is no guarantee that future contract amendments will be available.

Am I eligible?

Eligibility

The following conditions must be met in order for a current NHSC LRP participant to amend their NHSC LRP contract.

Site Eligibility

The site where you currently practice must be approved by the NHSC and continue to be located in and serving a federally designated health professional shortage area (HPSA).

- a. The site must continue to be in compliance with all NHSC requirements, i.e., must have a current, Multi-Year Recruitment and Retention Assistance Application (R&R) on file with and approved by the NHSC.
- b. The HPSA must be in a "designated" status at the time the site-approval status is verified by the NHSC LRP Analyst who processes your application. Any status other than "designated" will result in the site being deemed ineligible, thus making the amendment applicant ineligible. Generally, HPSA data is updated every 3 years.
- c. Questions regarding the current HPSA status for your site can be directed to the NHSC LRP analyst for your state, or to your State Primary Care Office. For a listing of contact information for the State PCOs, please access the Directory of Primary Care Offices, at <http://bhpr.hrsa.gov/Shortage/pcos.htm>, or call 1-800-221-9393.

Appropriate Use of Prior Loan Repayment Funds

All loan repayment NHSC LRP award funds received under the previous contract(s) must have been applied to reduce the qualifying graduate and undergraduate educational loans approved under the initial contract. The loans that were approved for payment by the NHSC LRP were listed on the Payment Authorization Worksheet (PAW) provided with your most recent NHSC LRP award letter. In order to confirm that all prior NHSC LRP award funds were appropriately applied, a detail payment history from the lender for each qualified approved loan must be submitted with your amendment application. The payment history must reflect the Lender's name, the account holder's name (your name), and the account number. In addition, you must obtain from the lending institution, a current loan statement and submit it with your application to the NHSC. Cancelled checks and bank statements are not accepted as verification that award funds were applied to the qualifying loans.



Payment histories must be submitted with the application at least 120 days prior to the service end date in order for the NHSC to have sufficient time to review and process the amendment application. Please be advised that payment histories take 30 or more days to obtain from the lenders, therefore to ensure it is received in a timely manner you should request your payment histories prior to your 120 day deadline so that it may be submitted along with your amendment application. Please note that many payment histories can also be printed directly from the lender's website.

NHSC LRP applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, may not be selected:

- a. Default on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means;
- b. Failure to apply all NHSC LRP funds previously received toward the applicant's qualifying educational loans;
- c. Default on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans such as student or home mortgage loans, etc.) or non-Federal payment obligations (e.g., court-ordered child support payments); or
- d. Write off of any Federal or non-Federal debt as uncollectible.

Continued Compliance with NHSC Full-time Service Requirements

You must continue to meet all other eligibility criteria for participation in the NHSC LRP and be in full compliance with your existing NHSC LRP service commitment. If you are unable to maintain the service requirements of your NHSC LRP contract, for any reason, please notify the NHSC immediately in writing at the Division Applications and Awards, NHSC LRB, 5600 Fishers Lane, Room 8A-55, Rockville, Maryland 20857.

- a. Continued provision of full-time clinical services in an outpatient setting, as defined in your original contract, is required.
- b. All 6 month service verification forms must have been submitted and entered into the NHSC system. If you have outstanding 6 month verification forms, please contact the NHSC Division of Scholar and Clinician Support at 1-800-221-9393.

What is the process once my application is approved?

The Contract

If your application to amend your contract is approved, the NHSC LRP will provide official notification by mail. As with your previous contract notification, you will receive a copy of your Amendment contract, a copy of your Payment Authorization Worksheet (PAW) and a letter outlining key points in your contract and your service requirements. The NHSC LRP amendment contract becomes effective on the date it is countersigned by the Secretary, or designee. Applications to amend your contract may be withdrawn anytime before a contract is countersigned by the Secretary, or designee. Once countersigned, the Secretary, or designee may terminate the contract if requested, by August 17th in the fiscal year the award is made, participants must submit a written request to terminate the contract and repay all award funds disbursed as a result of the new amendment contract.

Note: Only the Secretary or his/her designee can make an NHSC LRP contract award. An NHSC LRP award cannot be guaranteed by a site, Primary Care Office, Primary Care Association, or any other person or entity.



Change of Contact Information

The NHSC LRP frequently corresponds with applicants by email. Please check emails frequently during the application process for correspondence from our office and make certain to disable SPAM blockers (or check your SPAM folder). Applicants must provide the NHSC LRP with written notification of any changes in their contact information (email address, mailing address, or telephone number) no later than 2 weeks after the change occurs.

How do I remain in compliance with my NHSC LRP service obligation?

Contract amendment candidates must continue to engage in the full-time clinical practice of the profession for which they were awarded their current contract and are currently serving. Any break in service must have been pre-approved by the NHSC LRP. Deferred service days must be completed before a new amendment contract can be awarded.

Full-time clinical practice

Full-time clinical practice is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week.

For all health professionals, except as noted below:

- a. At least 32 of the minimum 40 hours per week must be spent providing direct patient care in outpatient ambulatory care setting(s) at the approved practice site(s) specified in the Practice Agreement, during normally scheduled office hours.
- b. The remaining 8 hours of the minimum 40 hours per week must be spent providing clinical services for patients in the approved practice site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved practice site(s), or performing practice-related administrative activities.
- c. Practice-related administrative activities shall not exceed 8 hours per week.

For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, providers of geriatric services, certified nurse midwives, pediatric dentists and behavioral and mental health providers:

- a. At least 21 of the minimum 40 hours per week must be spent providing direct patient care (direct patient counseling for behavioral/mental health providers) in the outpatient ambulatory care setting(s) at the approved practice site(s) specified in the Practice Agreement, during normally scheduled office hours.
- b. The remaining 19 hours of the minimum 40 hours per week must be spent providing clinical services for patients in the approved practice site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved practice site(s), or performing practice-related administrative activities.
- c. Practice-related administrative activities shall not exceed 8 hours per week.

Administrative or other non-clinical activities include teaching, research, attending staff meetings; supervision of other clinicians, court appearances, and other non-treatment related activities pertaining to the clinician's approved NHSC practice. Supervision of other clinicians is defined as an administrative activity if the clinician being supervised is treating the patient and billing for such treatment in his or her name. If the supervising clinician is treating the patient and billing for such treatment under his or her name, this activity would be counted as direct clinical services for the supervising clinician.



Absences

No more than 7 weeks (35 work days) per service year can be spent away from the approved NHSC service site for vacation, holidays, continuing professional education, illness, or any other reason. For absences of greater than 7 weeks in a service year, the participant must request a suspension of the NHSC service obligation. HRSA cannot guarantee that a request for a suspension will be approved. If a suspension is approved, the participant's service obligation end date will be extended accordingly.

Service Verification

Every NHSC LRP participant must submit a service verification form for each 6 months of service. The form must be completed and signed by the participant and an appropriate official at the approved NHSC service site. By signing this form, the site will be certifying the participant's compliance or noncompliance with the full-time clinical practice requirement during that 6-month period. The form will also record the participant's time spent away from the practice site during that 6-month period. Participants who fail to complete and submit their 6-month service obligation verification forms on time may be recommended for default and jeopardize receiving service credit and future amendment awards.

Leaving the Community Site Prior to Completion of Services

As with your previous contract(s), the NHSC expects that a participant will fulfill his or her service obligation at the approved NHSC service site(s) identified in his/her Practice Agreement. A clinician who is not committed to remaining at the approved NHSC service site(s) reflected in his/her Practice Agreement for the duration of the two-year NHSC LRP contract should not apply for an NHSC LRP award.

a. Participants should not leave their service site(s) without the prior written approval of the DSCS

If a participant is unable to complete his/her service obligation at the approved NHSC-approved service site(s) identified in his/her EVCSIF/Practice Agreement, the participant must notify the Division of Scholar and Clinician Support (DSCS) immediately, in writing, and specify the issues or concerns affecting his/her ability to maintain compliance with his/her NHSC service obligation. If the participant leaves his/her NHSC-approved service site(s) without prior written approval from the DSCS, he/she may be placed in default.

DSCS Contact Information:
5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857
1-800-221-9393 (TTY: 1-877-897-9910)

If an NHSCLRP participant is no longer employed at the site(s) at which they are currently contracted to serve, the NHSC LRP participant must notify the DSCS immediately. Failure to do so may result in being placed in default. Keep in mind that if, on or before August 17, of the fiscal year in which the award is made, a participant asks the Secretary in writing to terminate his/her NHSC LRP contract and returns any funds received, the Secretary may terminate the contract.

b. Transfers

Before approving a transfer, the DSCS will contact the site(s) regarding the need for a transfer. Participants who are unable to complete service at their initial site(s) through no fault of their own (e.g., the site is closing) may be transferred to another NHSC site to complete their service obligation. The transfer site will be based on the needs of the NHSC and should have a HPSA score equal to or greater than the HPSA score of the original site. Final approval of all transfers rests with the DSCS. A participant who does not accept a transfer assignment may be placed in default of his or her NHSC LRP contract. Note: Participants who voluntarily resign from their sites without prior approval of the DSCS or are terminated by their site(s) for cause may not receive a transfer to another site and may be placed in default.



c. Unapproved Satellite Clinics

If a site asks a participant to work at a satellite clinic which is not listed on his or her EVCSIF/Practice Agreement, the participant should immediately notify the DSCS. Although a site may need to reassign its staff to address needs within the organization, the site should not reassign NHSC clinicians to other satellite sites without prior approval from the DSCS. The DSCS must first determine that each new site meets the requirements for approval as an approved NHSC site.

What is breaching the NHSC LRP amendment contract?

A participant who breaches the NHSC LRP contract by failing to begin or complete the required NHSC LRP service will be placed in default and become obligated to pay the United States an amount equal to the sum of the following:

- a. the amount of loan repayments paid to the participant representing any period of obligated service **not** completed; and
- b. \$7,500 multiplied by the number of months of obligated service **not** completed; and
- c. interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

Note: The minimum amount the United States is entitled to recover **will not be less than \$31,000**.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the NHSC LRP debt by the due date has the following consequences:

a. The debt will be reported to credit reporting agencies

During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”

b. The debt may be referred to a debt collection agency and the Department of Justice

Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.

c. Administrative offset

Federal payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are Federal employees may have their salary offset (garnished) to pay a delinquent NHSC LRP debt.

d. Licensure Sanctions

In some States, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.

e. Bankruptcy

A financial obligation under the NHSC LRP may be discharged in bankruptcy only if the discharge is granted more than seven years after the debt becomes due and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.



Sample Default Scenarios:

Scenario 1:

Dr. Jane Smith, a family practice physician, signed a 2-year NHSC LRP contract effective September 1, 2007. Her service end date is August 31, 2009. She received \$50,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her assigned site on September 15, 2008, to be closer to her fiancé. Dr. Smith accepted a new job with a nice increase in salary, but it is not in a HPSA. The NHSC determines that Dr. Smith defaulted on her NHSC LRP contract on September 15, 2008, and that she served 380 days of her 2-year (730-day) service obligation. Dr. Smith is liable to the United States for 1) \$23,972.60 for the loan repayments she received for obligated service not completed ($350/730 \times \$50,000$) and 2) \$90,000 for the months of service not completed ($\$7,500 \times 12$). Dr. Smith's NHSC LRP total debt of \$113,972.60 begins accruing interest at the prevailing rate as of her default date, September 15, 2008. Dr. Smith's debt must be paid in full on September 15, 2009.

Scenario 2:

Mr. Robert Jones is a physician assistant participating in the NHSC LRP. He signed a 2-year contract on July 31, 2008, and his service end date is July 30, 2010. He received \$40,000 in LRP financial support. Mr. Jones is recruited by Dr. Smith, and he resigns from his assigned site on May 15, 2010. The NHSC determines that Mr. Jones defaulted on his NHSC LRP contract on May 15, 2010, and that he served 653 days of his 2-year (730-day) service obligation. Mr. Jones is liable to the United States in the amount of \$31,000, since the loan repayments he received for service not completed ($77/730 \times \$40,000 = \$4,219.18$) and the amount owed for the months of service he did not complete ($\$7,500 \times 3 = \$22,500$) total less than \$31,000. Mr. Jones's NHSC LRP debt will begin accruing interest at the prevailing rate as of his default date, May 15, 2010. Mr. Jones's debt would be due to be paid in full on May 15, 2011.

What are suspensions, waivers, cancellations and terminations?

The Secretary of Health and Human Services may suspend or waive, in whole or in part, an NHSC LRP service or payment obligation. Requests for suspensions and waivers are reviewed and processed by the Legal and Compliance Office (LCO). In addition, the Secretary may cancel or terminate an NHSC LRP contract under very limited circumstances.

a. Suspension

A suspension of the NHSC LRP obligation will be granted if compliance with the obligation by the participant (1) is temporarily impossible or (2) would involve a temporary extreme hardship such that enforcement of the obligation would be unconscionable. The major categories of suspensions are set forth below. A request for a suspension must be submitted in writing to the Division of Scholar and Clinician Support (DSCS). Except as noted below, the Legal and Compliance Office (LCO) will respond to the clinician's request. Periods of approved suspension will extend a participant's NHSC LRP service obligation end date. All periods of time away from the approved NHSC community site should be documented by the participant on the Six-Month Service Verification form.

b. Suspensions for Medical and Personal Reasons

A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances including a terminal illness of an immediate family member, that results in the participant's temporary inability to perform the NHSC LRP obligation. Upon receipt of the written suspension request, the LCO will mail the participant instructions for documenting that request.

DSCS Contact Information

5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857
1-800-221-9393 (TTY: 1-877-897-9910)



c. Maternity/Paternity Suspensions

Participants must notify the DSCS of pending maternity/paternity leave and provide documentation from the mother's attending physician. Maternity/paternity leave of 12 weeks or less should be documented on the Six-Month Service Verification form after the DSCS has been notified. If the participant's maternity or paternity leave will exceed 12 weeks during that service year, the participant must request a suspension from the DSCS. Suspensions may be granted by the LCO based on documented medical need. If the total time away from a site, including maternity leave, exceeds 35 work days in a service year, the service obligation end date will be extended accordingly.

d. Call to Active Duty in the Armed Forces

Participants who are also military reservists and are called to active duty will be granted a suspension, for up to one year, beginning on the activation date described in the Reservist's call to active duty order. In addition to the written request for a suspension, a copy of the order to active duty must be submitted to the DSCS. The suspension will be extended if the applicable Armed Forces entity continues the period of active duty. The period of active military duty will not be credited toward the NHSC service obligation.

e. Waiver

A waiver of the NHSC LRP obligation will only be granted only if compliance with the obligation by the participant (1) is permanently impossible or (2) would involve a permanent extreme hardship such that enforcement of the obligation would be unconscionable. A waiver request must be submitted in writing to the DSCS. The waiver request must specify the reason(s) the waiver is being requested. The participant will be contacted directly by the LCO regarding the medical and financial documentation necessary to process the waiver request.

f. Cancellation

The obligation will be cancelled in its entirety upon the death of the participant.

g. Termination

The Secretary may terminate an awarded NHSC LRP Contract if, no later than 45 days before the end of this Fiscal Year (i.e., no later than August 17, of the fiscal year in which the award is made), the Division of Applications and Awards (DAA) has received from the participant: 1) a written and signed request to terminate that contract and 2) repayment of all amounts of loan repayments paid to, or on behalf of, the participant under that contract. The written request and check should be mailed to the NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857. The check should be payable to "Department of Health and Human Services." The Federal Fiscal Year for 2010 is defined as October 1, 2009, through September 30, 2010.

It is important to note that the August 17th deadline is established by statute and applies to all applicants (whether they received notification of their award prior to or after August 17th). Requests to terminate an award after August 17th will not be honored. For further information, contact the DAA at 1-800-221-9393 (TTY: 1-877-897-9910).



Definitions

Amendment Contract

An amendment contract is an optional 1-year extension of a 2-year NHSC LRP contract. Note: NHSC LRP participants cannot be guaranteed an amendment contract (additional loan repayment funds) for continued participation in the program beyond the initial 2-year period.

Commercial Loans

Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Default of payment obligation

Being more than 120 days past due on the payment of a financial obligation.

Default of service obligation

Failure for any reason to begin or complete a contractual service commitment.

Division of Applications and Awards (DAA)

The division of the Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, that facilitates the processing of BCRS program applications.

Fiscal Year (FY)

The Federal FY is defined as October 1 through September 30.

Full-Time Clinical Practice

Working a minimum of 40 hours per week, for a minimum of 45 weeks per service year in an NHSC-approved primary care setting. For a more detailed explanation of the full-time clinical practice requirement, please see the Program Overview.

Government Loans

Government loans are loans made by Federal, State, and county or city agencies authorized by law to make such loans.

Health Professional Shortage Area (HPSA)

A HPSA is a geographic area, population group, public or nonprofit private medical facility or other facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a **primary care HPSA** include health provider to population ratios, rates of poverty, and access to available **primary health services**. These HPSAs are designated by the Office of Shortage Designation, within HRSA's Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA)

An operating agency of the Department of Health and Human Services.

**Holder**

The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.)

Federal Judgment Lien

A lien that is placed against an individual's home or property when a court-ordered judgment is entered against the individual for an unpaid Federal debt (e.g., a Federal student loan or Federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a Federal judgment lien.

Lender

The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

National Health Service Corps (NHSC)

"The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps Jobs Opportunities List (JOL)

An online list of approved NHSC vacancies at NHSC- approved service sites.

Note: approved vacancies that are filled may not appear on the JOL.

National Health Service Corps (NHSC) Loan Repayment Program (LRP)

The NHSC LRP is authorized by Section 338B of the PHS Act, as amended. Under the NHSC LRP, clinicians provide primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps (NHSC)-Approved Service Site

Each community site must submit an NHSC Recruitment and Retention Assistance (R & R) Application to request approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated Health Professional Shortage Area (HPSA); Provide comprehensive primary medical care, mental and behavioral health and/or dental services; Provide ambulatory services (no inpatient sites); Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and State Children's Health Insurance (SCHIP) Programs, as applicable; Not discriminate in the provision of services based on an individual's inability to pay for services or the source of payment (Medicare/Medicaid/SCHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician's salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the R & R Application is approved, the community site becomes an approved NHSC service site. All approved NHSC service sites must continuously meet the above requirements.



Primary Health Services

Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Qualifying Educational Loans

Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant prior to his or her receipt of the health professions degree being utilized by the NHSC LRP. Such loans must have documentation that is contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has consolidated otherwise qualifying educational loans with any other debt or consolidated his/her loans with loans of another individual, the consolidated loan is ineligible.

Reasonable Educational Expenses - Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM AMENDMENT ANALYSTS

STATE ASSIGNMENTS

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National Health Service Corps Loan Repayment Program

CONTRACT AMENDMENT

FORMS & INSTRUCTIONS

Download Forms and Instructions, at <http://nhsc.hrsa.gov/loanrepayment/nhscclrpforms.pdf>

All NHSC Loan Repayment Program (LRP) participants who wish to amend their NHSC LRP contracts, thus extending their service at their NHSC-approved healthcare site(s), must contact the NHSC LRP analyst for their state as listed on the next page. To complete your request, you must print, complete and mail these forms and the documentation listed in the Application Checklist on pages B1 and B2

Have Questions?

Call 1-800-221-9393 (TTY: 1-877-897-9910)
Monday through Friday (except Federal holidays)
9:00 a.m. to 5:30 p.m. ET
Email address: Callcenter@hrsa.gov

Mail or Fax Completed Forms To:

HRSA Call Center
12530 Parklawn Drive
Suite 350
Rockville, MD 20852

Fax Number- 301-451-5628

O.M.B.:0915-0127 Expiration August 31, 2010

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.



INSTRUCTIONS FOR COMPLETING THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM CONTRACT AMENDMENT APPLICATION FORMS

If you desire to extend and amend your current NHSC LRP Contract please download the forms from our website at www.nhsc.hrsa.gov , Choose “Loan Repayment” next choose “Serve Longer,” and select the next steps toolbar on the right side of the web page. Complete and return the following documentation to the Division of Applications and Awards, NHSC LRB, 5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857.

Contract to Extend and Amend the NHSC LRP Contract

Sign and date the contract.

Loan Information and Verification Form(s)

Your loan balances will be verified by the NHSC.

Contract Amendment Self-Certification Form

Initial the appropriate item; sign and date the form.

Payment Histories

In order to review an amendment application, documentation must be provided to confirm that all disbursed NHSC LRP funds have been used to repay qualifying educational loans that were approved as part of your most recent NHSC LRP award, (except as noted below). Canceled checks and bank statements cannot be accepted as proof that loan payments were properly applied. A payment history must be provided for each qualified and eligible loan that was approved as part of your most recent NHSC LRB award. In addition:

- a. The payment history must include the lender’s name, the account holder’s name, and the loan account number, and must reflect all payments made during the contract period.
- b. The payment histories must show that all NHSC LRP funds received have been paid toward your qualifying approved loans. The only exception is where the payment history reflects a regularly scheduled monthly payment amount that will continue to be made over the remainder of the NHSC LRP contract period. Except for an amount needed to cover regularly scheduled monthly payments, all NHSC LRP funds must be reflected as having already been disbursed toward your eligible loans on the payment history submitted with your application.
- c. Consolidated Loans - If you consolidated your loans during the current contract period, the loan documents, including the lending institution’s list of the loans included in the consolidation and their original disbursement dates are required. If you consolidated your loans and we do not receive the itemized loan list, we will not be able to give you credit for payments made toward those loans. If you consolidated your eligible approved loans with unapproved or ineligible debt, we cannot give you credit for payments made toward the consolidated loans.

Current License

A copy of your current, unrestricted license, with the expiration date from the State in which you are working.



NHSC Online Banking Submission

In order to receive a contract amendment, applicants must submit their banking information to the NHSC LRP via the Bureau of Clinician Recruitment and Service (BCRS) Online Banking System. Failure to submit your banking information through online system prevent you from receiving your NHSC LRP award funds. The NHSC LRP does not write checks.

To access the electronic BCRSIS Banking Information Submission form, go to:

[HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX](https://NIS.HRSA.GOV/BANKLOGIN.ASPX) and follow the instructions for submission. You must print the “BCRSIS Receipt of Submission” and submit copy of the receipt with your application.

Certification Regarding Debarment, Suspension, Disqualification and Related Matters

The receipt of funding under the NHSC LRP is a “covered transaction” pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a LRP contract, the applicant is required, under Subpart C of Part 180, to report certain information which is described in the “Certification Regarding Debarment, Suspension, Disqualification and Related Matters”. The applicant should sign the Certification that is applicable to his/her situation. Individuals who are currently excluded (suspended or debarred) or disqualified by a Federal Agency from participating in covered transactions are ineligible to receive an award under the NHSC LRP.

(Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NHSC LRP, based on the Program’s consideration and evaluation of the applicant’s circumstances.) As a condition of participating in the NHSC LRP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to DAA if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changes or circumstances.

Authorization to Release Information

Complete and sign. Applicants applying to the NHSC LRP are subject to employment verification, credit review, excluded parties lists and National Practitioner Data Bank review to assess contract amendment worthiness.

Checklist

Be sure to enclose the signed checklist showing that all required documents have been included with the amendment application.

Notifications

If approved for an NHSC LRP contract amendment, you will be notified in writing of your contract start and end date, and the loan repayment amount you are awarded. A copy of the Amendment Contract will be enclosed. The Contract Amendment service obligation period must begin immediately following the completion of the current service commitment. No break in service between your current contract and the Contract Amendment. You will be notified via e-mail and mail if you have been disapproved for a contract amendment and the reason why. Please ensure that your contact information is accurate and that you let us know immediately when your contact information changes.

Effective Date

The Contract Amendment will not become effective until the participant has fully completed the current NHSC LRP service obligation.



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM FY 2010 AMENDMENT APPLICATION CHECKLIST

Please verify the inclusion of each item in your application packet by placing a checking each box, then sign, date and submit the form with all completed application documents. Please submit the originals and retain a copy of each application document for your records. The NHSC LRP will not return documents to applicants.

Failure to submit all documents by the application deadline may result in denial of your application.

- _____ 1. Signed and dated NHSC Amendment Contract.
- _____ 2. Copy of current license from the State in which you are serving; or, Initialed and signed Self-Certification Form
- _____ 3. Completed Loan Information and Verification (LIV) forms for each loan for which you are seeking repayment assistance from the NHSC LRP.
 - If you consolidated your loans during the current contract period, you must provide us with the loan documents, including the lending institution's list of loans included in the consolidation. If you consolidated your loans and we do not receive the itemized loan list, we will not be able to give you credit for those loans.
 - Copy of Payment History. Payment history must reflect the Lender's name, the account holder's name, and the account number.
- _____ 4. Copy of BCRSIS Receipt of Submission (<https://nis.hrsa.gov/BANKLOGIN.ASPX>)
- _____ 5. Completed and signed Employment Verification /Community Site Information Form
- _____ 6. Completed, signed and dated certification regarding debarment, suspension, disqualification and related matters form.
- _____ 7. Signed and dated Authorization to Release Information

"I certify that the information given in this application and all the documents listed above is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient for rejection of this application, or, if awarded loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)."

Name (Please Print)

Date

Signature

Revised 6/09 –DHHS,HRSA,BCRS,NHSC,AAB



STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

Consent to Disclosure

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

Disclosure without Your Consent

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose. Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

Exceptions

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

Transfer of Information

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

Penalties

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

Additional Information

If you have any question about your rights under this law, or how to consent to the release of your financial records, you may contact the: NHSC LRP, at 5600 Fishers Lane, Room 8-37, in Rockville, MD 20857.



INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete a Loan Information and Verification Form (LIVF) for each loan you wish the NHSC LRP to consider for repayment. This form authorizes your lender to release information about your loan to the NHSC LRP for purposes of assessing and verifying the amount and eligibility of your educational loans. This form must be mailed or faxed, along with the required documents listed in the next paragraph. Do not send the LIVF to your lender.

You are required to send in the following documents verifying your loans: 1) a copy of the Aid Summary report from the National Student Loan Data System or like document from your commercial lender (see Section Q), and 2) a current account statement for each loan submitted. Loans without the required loan documents will be ineligible.

The NHSC LRP will use these forms to verify the loan amounts, balances, and purposes of the loans, with your lenders.

Consolidated Loans

If you have consolidated your educational loans you may fill out one LIVF for the consolidation, but you must list the original date, amount, and loan type for each educational loan in the consolidation. Items 9, 10 and 13. The current balance and interest rate of the consolidated loan should be entered in item 11. If there is not enough room in items 9, 10 and 13, you may attach a separate sheet of paper to the LIVF which includes the original date, amount, and the loan type for each loan in the consolidation.

NHSC LRP participants receive monies to be applied to the principal, interest, and related expenses of government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. School tuition;
- b. Reasonable educational expenses (see Definitions, Appendix); and
- c. Reasonable living expenses (see Definitions, Appendix).

The tuition and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education prior to obtaining a degree in the health profession in which the participant will satisfy his/her NHSC LRP service commitment.

If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

Grouped vs. Consolidated

A grouped loan is not a consolidation. You may make one payment and still have several loans. If this is the case then you have a "grouped" loan. *If you have a grouped loan you must provide a LIV Form for each loan contained in the group.* A consolidation is where all of the loans that make up the consolidation have been paid off and you are left with one loan and one payment.



LOAN INFORMATION AND VERIFICATION FORM NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM AMENDMENT

INSTRUCTIONS:

APPLICANT: Complete **one** copy of this form for **each** loan you are applying to have considered for repayment under the National Health Service Corps (NHSC) Loan Repayment Program (LRP). To each form, attach a **current account statement** showing your loan balance. Please print clearly and complete the entire form to expedite verification. **Note:** Incomplete information will render your loan ineligible.

1. Applicant's Name (Last, First, Middle) _____		2. Applicant's Social Security No. _____
3. Applicant's Complete Mailing Address _____		4. Applicant's Telephone No. _____
5. Name of Lending Institution _____	5.a. Lender's Telephone No. _____	6. Loan Account No. _____
7. Full Address of Lending Institution _____		
8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary/current loan holder's name and full address. Yes <input type="checkbox"/> No <input type="checkbox"/> _____		
9. Original Date of the Loan _____	10. Original Amount of the loan _____	
11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____		11b. Interest Rate _____
12. Purpose of the Loan as Indicated on the Loan Application: _____		
13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____		
14. Loan in Default? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Default: _____		
15. Loan Under a Federal Court Judgment? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of the Judgment: _____		

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. Please read the Program Overview of the *Guidance – Consolidated/Refinanced Loans* for more detail.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education pursued prior to submitting my application to the NHSC LRP.

AUTHORIZATION FOR DISCLOSURE: Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 5 or 8 above to release financial records relating to the educational loan(s) identified above to the HHS and/or its contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NHSC LRP. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT

DATE



EMPLOYMENT VERIFICATION AND COMMUNITY SITE INFORMATION FORM

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE FACILITY ONLY

Concerning Applicants for the National Health Service Corps (NHSC) Loan Repayment Program (LRP)

Name of Clinician Applicant: _____

Last 4 Digits of the Applicant's Social Security Number: XXX-XX- _____

Name and physical location/address of each parent and/or any satellite site(s) where the applicant is working. Do not list the site(s) where the applicant is performing support activities for the approved NHSC site(s) (i.e., a hospital where he/she has privileges, a nursing home, a birthing center, a school, etc.). Submit a separate form for each parent company.

Site 1 _____

Phone No: _____

No. of hours per week at site: _____

Admin Use Only:

HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R ☐ Yes ☐ No Exp Date _____
NHSC Approved Vacancy ☐ Yes ☐ No Disc. _____

Site 2 _____

Phone No: _____

No. of hours per week at site: _____

Admin Use Only:

HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R ☐ Yes ☐ No Exp Date _____
NHSC Approved Vacancy ☐ Yes ☐ No Disc. _____

Site 3 _____

Phone No: _____

No. of hours per week at site: _____

Admin Use Only:

HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R ☐ Yes ☐ No Exp Date _____
NHSC Approved Vacancy ☐ Yes ☐ No Disc. _____

Site 4 _____

Phone No: _____

No. of hours per week at site: _____

Admin Use Only:

HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R ☐ Yes ☐ No Exp Date _____
NHSC Approved Vacancy ☐ Yes ☐ No Disc. _____

Please check/complete the below certifications applicable to the above site(s) and the above applicant.

- ☐ 1. I certify that the applicant identified above is currently working at the above-named site(s).
- ☐ 2. I certify that the above applicant is engaged in a full-time clinical practice, defined as a minimum of 40 hours per week, 45 weeks per year as follows:
- **For all health professionals, except as noted below:** At least 32 hours of the minimum 40 hours per week are spent providing direct outpatient, ambulatory care during normally scheduled clinic hours in the ambulatory care office(s) specified above. The remaining 8 hours per week is spent providing clinical services to patients in the above offices, performing clinical support activities, in alternate locations as directed by the above site(s), or performing practice-related administrative activities.
 - **For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, pediatric dentists and behavioral and mental health providers:** At least 21 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s) specified above. The remaining 19 hours per week are spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), and/or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).
- ☐ 3. I certify that the above applicant is engaged in **less than the required full-time clinical capacity**, as defined above.
- ☐ 4. I certify that the above applicant was working full-time, as defined above, and at the above site(s), but is on extended leave, from _____ to _____ due to _____ (please indicate reason for extended leave - e.g., maternity, deployment, medical, etc.).



**National Health Service Corps
Loan Repayment Program – Amendment**

U.S. Department of Health and Human Services
Health Resources and Services Administration

- ☐ 5. I certify that the above applicant is **no longer working at the above site(s) or will be leaving the above site(s)**, and the last day of half-time work was or will be _____.
- ☐ 6.* I certify that the above applicant is an employee of the above site(s) and subject to the personnel system and employment policies of the above site(s).
- ☐ 7.* I certify that the above site(s) provide the above applicant with malpractice insurance and tail coverage (either commercial or through the Federal Tort Claims Act).

* If the Executive Director does not check both asterisked certifications (Items 6 and 7), the above applicant will need to complete the Private Practice Option application on the NHSC website at http://nhsc.bhpr.hrsa.gov/applications/psab_rolling/ppo_ppa.asp.

The certifications and information provided above are true, accurate and complete to the best of my knowledge and belief.

Executive Director Signature of Parent Company

Print Name

Name and Address of Parent Company

E-mail Address

Date Signed

OMB No. 0915-0127 Expires 10/31/2010



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM AUTHORIZATION TO RELEASE INFORMATION FORM

(Print Name – First, Middle, Last)

As a National Health Service Corps (NHSC) Loan Repayment Program (LRP) applicant, I hereby authorize:

1. The Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NHSC LRP; and, to verify: my educational loans, my name, my current and previous addresses, social security number, and other information, as needed, to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NHSC LRP; and, to determine the eligibility of: my educational loans for repayment under the NHSC LRP, my name, my current and previous addresses, my social security number, account number(s), account status, and other information, as needed, to identify me.
3. The Department of HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties System List.
4. The HHS, and/or its contractors, to release my name, my current and previous addresses, and social security number for the purpose of obtaining the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank Reports to assess my professional competence and conduct.
5. Any program to which I owe a service obligation to release information relating to that obligation to the Department of HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NHSC LRP, this authorization shall remain in effect until the date my NHSC LRP contract has been fulfilled, including any extension of the obligation pursuant to contract extensions and amendments. If I do not become a participant in the NHSC LRP, this authorization shall remain in effect until **September 30, 2010**. The authorization may be revoked by me in writing at any time.

(Signature of Applicant)

(Date)

(Please Print Name)

(Revised 05/10 – DAA, BCRS, HRSA, DHHS)



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM CONTRACT AMENDMENT SELF-CERTIFICATION FORM

Purpose: This document provides for self-certification of specific eligibility and other criteria for applicants to the National Health Service Corps (NHSC) Loan Repayment Program (LRP) and reduces the response and collection burden previously approved under OMB 0915-0127, Expiration August 31, 2010.

Applicant Name: _____
(Print First, Middle Initial, Last Name)

Discipline: _____ Specialty (if applicable): _____

Directions: Please certify each statement below that is true and applicable to you, by **initialing** in the space provided to the left of each statement.

_____ **Physicians:** I certify that I am certified in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association or completed a residency program in a primary care specialty that is approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and have a current, full, permanent and unencumbered health professional license from the State in which I intend to practice as a NHSC LRP participant.

_____ **Primary Care Physicians Assistants:** I certify that I have a certificate of completion or an associate, bachelor's or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university or educational institution that is accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, National certification by the National Commission on Certification of Physician Assistants, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Nurse Practitioners:** I certify that I have a master's degree or post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Collegiate Nursing Education, and am certified by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board, or the National Certification Corporation, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Certified Nurse-Midwives:** I certify that I have a master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives, and am certified by the American Midwifery Certification Board, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Dentists:** I certify that I have completed a D.D.S. or D.M.D from a program that is accredited by the ADA and CODA, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Pediatric Dentists:** I certify that I have completed a D.D.S. or D.M.D from a program that is accredited by the ADA and CODA, and have completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA and CODA, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Registered Dental Hygienists (RDHs):** I certify that I have a bachelor's degree in dental hygiene or graduated from a 2-year dental hygiene training program accredited by the ADA and CODA, and have a least one year of experience as a licensed dental hygienist, and have successfully passed the National Board Dental Hygiene Examination, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant. I certify that I have successfully passed the National Board Dental Hygiene Examination.

_____ **Health Service Psychologists(HSP):** I certify that I have a doctoral degree directly related to clinical or counseling psychology from a school accredited by the APA and COA, completed a minimum of one year of post-graduate supervised clinical experience, successfully passed the Examination for Professional Practice of Psychology, can practice independently and unsupervised as an HSP, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Licensed Clinical Social Workers:** I certify that I have a master's or doctoral degree in social work from a school accredited by the Council on Social Work Education, and successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical licensing exam on or after July 1, 1998, can practice independently and unsupervised, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.



**National Health Service Corps
Loan Repayment Program – Amendment**

U.S. Department of Health and Human Services
Health Resources and Services Administration

_____ **Psychiatric Nurse Specialists who have a master's degree or higher in nursing from a program accredited by the NLNAC or CCNE with a specialization in psychiatric/mental health but are not certified as a clinical specialist**, and 2-years of post-graduate supervised clinical experience, or have a bachelor's or higher in nursing from a program accredited by NLNAC or CCNE, and certified as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric, and Mental Health Nursing and, have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant.

_____ **Marriage & Family Therapists (MFTs)**: I certify that I have a master's or doctoral degree in marriage and family therapy from a program accredited by the AAMFT, COAMFTE or have a graduate degree in another mental health field and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy, and have at least 2-years of post-graduate supervised clinical experience in practice as a marital and family therapist or am a clinical member of the AAMFT, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP participant and can practice independently and unsupervised as an MFT.

_____ **MFTs**: I certify that licensure as an MFT is not available in the State in which I intend to practice under the NHSC LRP, and that I have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an MFT in a State.

_____ **Licensed Professional Counselors (LPCs)**: I certify that I have a master's degree or higher regarding counseling from a school accredited by the U.S. Department of Education nationally recognized regional or State institutional accrediting agency, and have at least 2-years of post-graduate supervised counseling experience, and am certified as a National Certified Counselor or a Certified Clinical Mental Health Counselor by the National Board for Certified Counselors, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP and can practice independently and unsupervised as a LPC.

_____ **LPCs**: I certify that licensure as an LPC is not available in the State in which I intend to practice under the NHSC LRP, and that I have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a State.

_____ **Providers of Geriatrics Services**: I certify that I have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

_____ **Reservists**: I certify that I am a member of a Reserve Component of the Armed Forces or National Guard.

I hereby certify that the statements initialed above are true, complete and accurate to the best of my knowledge and belief and do not omit any material fact. I understand that the information given may be investigated and that any knowingly or willfully false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under 18 U.S.C. 1001 and subject me to civil penalties under the Program Fraud Civil Penalties Act of 1986.

Applicant Signature

Date



CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following 3 offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or

The applicant must sign the certification below which is applicable to his or her situation.

I, _____, certify that **none** of the above statements apply to me.
(Print name)

Signature

Date

OR

I, _____, certify that **one or more** of the above statements apply to me.
(Print name)

Signature

Date



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

PRIVACY ACT RELEASE AUTHORIZATION FORM

I, (First) _____ (MI) _____ (Last) _____,
(Applicant)

residing at:

(Current Mailing Address)

(City, State, Zip Code)

am an applicant to the National Health Service Corps (NHSC) Loan Repayment Program (LRP) (42 U.S.C. 254I-1). I hereby authorize the Department of Health and Human Services, and/or its contractors, to disclose any information contained in its files relating to my application to participate in the NHSC Loan Repayment Pilot Project to:

(Individual)

(Relationship / Name of Firm)

(Address)

(City, State, Zip Code)

This authority shall remain in effect until **September 30, 2010**, or until this authorization is revoked by me in writing, whichever occurs first.

I certify that I am the above-named applicant. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine (5 U.S.C. 552a(i)(3)).

(Signature of Applicant)

(Date)

I certify that I am the above-named individual, to whom the applicant has authorized disclosure. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine (5 U.S.C. 552a(i)(3)).

(Signature of Individual)

(Date)



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

CHANGE OF ADDRESS FORM

NAME: _____

New Address:

1st line Street _____

2nd line Street _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Old Address:

1st line Street _____

2nd line Street _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

(Signature of Applicant)

(Date)

Extension and Amendment of the National Health Service
Corps Loan Repayment Contract

FY 2010

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE
DIVISION OF APPLICATIONS AND AWARDS

Consistent with Section E of the initial National Health Service Corps Loan Repayment Program Contract ("Loan Repayment Program Contract") entered into under section 338B of the Public Health Service Act (42 U.S.C. 254l-1) between the undersigned Loan Repayment Program participant ("participant") and the Secretary of Health and Human Services ("Secretary"), this contract extends the initial Loan Repayment Program Contract for an additional year and amends the initial Loan Repayment Contract as follows.

1. The participant agrees to serve for one (1) additional year in accordance with Section B.1.b. of the initial Loan Repayment Program Contract. The Secretary agrees to pay the participant's remaining qualifying graduate and/or undergraduate educational loans as follows:

- a. up to \$35,000 if the participant will be providing a third year of service under this contract;
- b. up to \$35,000 if the participant will be providing a fourth year of service under this contract;
- c. up to \$25,000 if the participant will be providing a fifth year of service under this contract;
- d. up to \$20,000 if the participant will be providing a sixth year of service under this contract; or
- e. up to \$15,000 if the participant will be providing a seventh or subsequent year of service under this contract.

2. The participant agrees to apply all loan repayments received under Paragraph 1. of this contract, to reduce the participant's qualifying graduate and/or undergraduate educational loans.

3. If the participant, for any reason, fails to complete the service obligation set forth in Paragraph 1. of this contract, he or she agrees to pay the United States an amount equal to the sum of:

- a. the total of the amounts paid by the United States to, or on behalf of, the participant under Paragraph 1. of this contract for any period of obligated service not served;
- b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
- c. interest on the amounts described in a. and b. of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;

except that the amount the United States is entitled to recover shall not be less than \$31,000.

4. The Secretary may approve the participant's request for an additional contract extension in accordance with the Secretary's established policies in effect at the time of the extension.

5. The initial Loan Repayment Program Contract is amended to confirm its provisions to the amendments made by section 202 of Public Law 101-597 and Title III of Pub. L. 107-251 relating to the National Health Service Corps Loan Repayment Program.

6. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

7. The Secretary may terminate this contract if, on or before August 17, 2010, the participant:

- a. submits a written request to terminate this Contract and
- b. repays all amounts paid to, or on behalf of, the participant under Paragraph 1 of this contract.

This contract extension is not effective until the participant has fully completed the previously contracted Loan Repayment Program service commitment and this contract has been signed and dated by the participant and the Secretary.

Applicant Name (please print):	
Applicant's Signature:	Date:
Secretary of Health and Human Services or Designee:	Date:
Revised 10/2009	

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